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PTO/SB/21 (12-08)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

09/991,163

Filing Date

November 14, 2001

First Named Inventor

ASHKENAZI, et al.

Art Unit

1647

Examiner Name

SPECTOR, Lorraine

Attorney Docket Number

123851-181895 (GNE-2730P1C17)

ENCLOSURES (Check all that apply)

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/
Incomplete ApplicationReply to Missing Parts
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a
Provisional ApplicationPower of Attorney, Revocation
Change of Correspondence Address

Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____



Landscape Table on CD



After Allowance Communication to TC

Appeal Communication to Board
of Appeals and InterferencesAppeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify
below):

Reference Appendix Items (1-15)

RemarksAUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 50-4634 FOR ANY FEES DUE IN
CONNECTION WITH THIS PAPER, REFERENCING ATTORNEY'S DOCKET NO.
123851-181895 (GNE-2730P1C17).**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

GOODWIN PROCTER LLP

Signature

Printed name

Christopher De Vry, Ph.D., Goodwin Procter LLP

Date

January 5, 2009

Reg. No.

61,425

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Arlette Malhas

Date

January 5, 2009

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JAN 05 2009

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2008☐ Applicant claims small entity status. See 37 CFR 1.27**Complete if Known**

Application Number	09/991,163
Filing Date	November 14, 2001
First Named Inventor	ASHKENAZI, et al.
Examiner Name	SPECTOR, Lorraine
Art Unit	1646
Attorney Docket No.	123851-181895 (GNE-2730P1C17)

TOTAL AMOUNT OF PAYMENT (\$)
1030.00**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-4634 Deposit Account Name: Goodwin Procter LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)

- 20 or HP = _____ x _____ = _____
HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = _____ x _____ = _____
HP = highest number of independent claims paid for, if greater than 3.**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

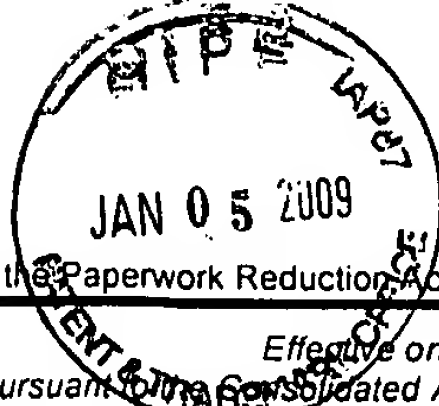
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Appeal Brief and two months extension of time 1030.00**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 61,425	Telephone 650/752-3100
Name (Print/Type)	Christopher De Vry, Ph.D., Goodwin Procter LLP		Date January 5, 2009

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PTO/SB/17 (10-07)

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FEE TRANSMITTAL

For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1030.00

Complete if Known

Application Number	09/991,163
Filing Date	November 14, 2001
First Named Inventor	ASHKENAZI, et al.
Examiner Name	SPECTOR, Lorraine
Art Unit	1646
Attorney Docket No.	123851-181895 (GNE-2730P1C17)

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☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
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_____ - 100 = _____	_____ / 50 = _____	_____ (round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$)
Other (e.g., late filing surcharge): <u>Appeal Brief and two months extension of time</u>	1030.00

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Signature		Registration No. (Attorney/Agent) 61,425	Telephone 650/752-3100
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